MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10,598037 (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I"AMENDMENT AFTER AS FILED 2 MAMENDMENT AFTER I"AMENDMENT IND. DEP. 2 MAMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>26</u> TOTAL IND. TOTAL IND TOTAL DEP TOTAL CLAIMS TOTAL

CLAIMS